

FOR OFFICE USE ONLY		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS APPLICATION FOR FOREIGN-BORN REGISTRATION										FOR OFFICE USE ONLY						
SFN#												TRX#	TRX DATE	FILE CLOSE				
BIRTH FACTS OF REGISTRANT (AFTER ADOPTION)	NAME: FIRST		MIDDLE				LAST				SUFFIX							
	DATE OF BIRTH:		MONTH	DAY	YEAR		SEX	PLACE OF BIRTH:		TOWN OR CITY	COUNTRY							
ADOPTIVE PARENTS' INFORMATION	FATHER'S NAME: FIRST		MIDDLE				LAST				DATE OF BIRTH		PLACE OF BIRTH (STATE OR COUNTRY)					
	MOTHER'S NAME: FIRST		MIDDLE				LAST (BEFORE MARRIAGE)				DATE OF BIRTH		PLACE OF BIRTH (STATE OR COUNTRY)					
PAYMENT INFORMATION	DATE		\$23.00 PAID BY <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> CREDIT/DEBIT (CASH IN PERSON ONLY; NO PERSONAL CHECKS)															
	<input type="checkbox"/> VISA <input type="checkbox"/> M/C		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	EXP. DATE MM/YY	<div></div>
APPLICANT SIGNATURE												State of _____, County of _____						
PRINT NAME: FIRST		LAST										Subscribed and sworn or affirmed before me						
MAILING ADDRESS (NUMBER & STREET OR PO BOX)		APARTMENT #										this _____ day of _____						
CITY/TOWN		STATE		ZIP CODE								NOTARY PUBLIC						
DAYTIME TELEPHONE NUMBER (       )		RELATIONSHIP TO REGISTRANT										SEAL						
PLEASE SEND COMPLETED APPLICATION, CORRECT FEE, AND ALL REQUIRED DOCUMENTS, TO: OFFICE OF VITAL RECORDS PO BOX 3887 PHOENIX, AZ 85030		WARNING: FALSE APPLICATION FOR A BIRTH CERTIFICATE IS A PUNISHABLE OFFENSE. FOR THE PROTECTION OF THE INDIVIDUAL, CERTIFICATES OF VITAL EVENTS ARE NOT OPEN TO PUBLIC INSPECTION. SIGNATURE OF APPLICANT MUST BE NOTARIZED, OR THIS FORM MUST BE ACCOMPANIED BY A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID WHICH CONTAINS THE APPLICANT'S SIGNATURE.																
												My Commission expires _____						